

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NORTH CAROLINA

FILED
CHARLOTTE, NC

DEC 19 2024

US DISTRICT COURT
WESTERN DISTRICT OF NC

Antonio Yulander Pearson

Plaintiff,

COMPLAINT

vs.

Case No. 1:24-cv-305-KDB

North Carolina Department
of Adult Corrections

AUM Taylor

Defendant(s).

A. JURISDICTION

Jurisdiction is proper in this court according to:

☒ 42 U.S.C. §1983

☐ 42 U.S.C. §1985

☐ Other (Please specify) _____

B. PARTIES

1. Name of Plaintiff:

Address:

Antonio Yulander Pearson
355 Old Glenwood Rd.
Marion, N.C. 28752

2. Name of Defendant:

Address:

AUM Taylor

Is employed as

Sergeant

(Position/Title)

at

Marion Correctional Institution

(Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES ★ NO _____, if "YES" briefly explain:

3. Name of Defendant: _____
Address: _____

Is employed as _____ at _____
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES _____ NO _____, if "YES" briefly explain:

4. Name of Defendant: _____
Address: _____

Is employed as _____ at _____
(Position/Title) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred? YES _____ NO _____, if "YES" briefly explain:

(Use additional sheets if necessary.)

C. NATURE OF CASE

Why are you bringing this case to court? Please explain the circumstances that led to the problem.

I have a seafood allergy & told Sgt. Taylor that he had gave
fish, he told me it was chicken & when I ate it I told him it
was fish & I needed a medical Emergency & he told me he'll be

Nature of Cause

Cont....

right back when he's done feeding dinner & when he returned I was having a full blown allergic reaction, my passage was clogging, I needed my Inhaler, my blood pressure was high & I had to receive Benadryl to subside the hives & itching. I have a Therapeutic diet of NO fish & it's on the floor sheet of my door!

D. CAUSE OF ACTION

I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

- a. (1) Count 1: Negligence of Diet
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)
Gave me fish when I'm highly allergic to it.
- b. (1) Count 2: Refused me medical Treatment until almost to late
(2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing any legal authority. Use additional sheets if necessary.)
didn't notify medical until about 20 minutes after the fact of me consuming the fish.

E. INJURY

How have you been injured by the actions of the defendant(s)?

I was given food that put my health & my life at risk
& when told what was happening was delayed medical treatment
& had a severe allergic reaction & could have possibly had a
stroke due to high blood pressure or a seizure being epileptic.

F. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action? YES _____ NO X

If your answer is "YES", describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

1. Parties to previous lawsuits:

Plaintiff(s): _____

Defendants(s): _____

2. Name of court and case or docket number:

3. Disposition (for example, was the case dismissed? Was it appealed? Is it still pending?)

4. Issues raised:

5. When did you file the lawsuit? _____
Date: Month/Year

6. When was it (will it be) decided? _____

Have you previously sought informal or form relief from the appropriate administrative officials regarding the acts complained of in Part D? YES X NO _____

If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

They moved SGT. Taylor off the unit.

G. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

Monetary relief as well as relief for mental & physical Health

JURY TRIAL REQUESTED

YES

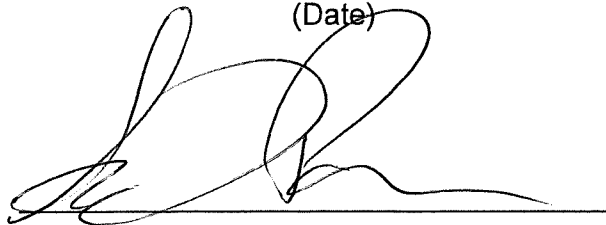
NO

☒

Signed at Marion Correctional Institution on December 15, 2024

(Location)

(Date)



Signature

Address:

355 Old Glenwood Rd.
Marion, N.C. 28752

Phone:

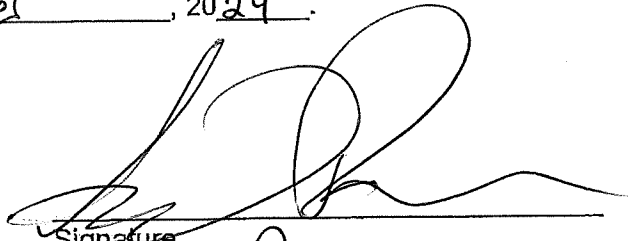
E-Mail:

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed/ delivered to the following individuals at the addresses listed:

Clerk's office
United States District Court
Western District of North Carolina
401 West Trade Street Rm. #210
Charlotte, N.C. 28202

This the 15 day of December, 2024.



Signature

Antonio Pearson

(Print Name)